

Benefits effective January 1, 2005

COVERED DENTAL SERVICES – Basic Plan

CALENDAR YEAR BENEFIT MAXIMUM

Each eligible employee and each eligible dependent may receive up to **\$850.00** of covered dental benefits for 6 months.

CALENDAR YEAR DEDUCTIBLE

Each eligible employee and each eligible dependent is responsible for the first **\$25.00** per 6 months. Diagnostic and Preventive Services are not subject to the deductible.

COINSURANCE PERCENTAGES

Covered Services	(DPO) Dentist In-Network	Participating Dentist Out-of-Network	Non-Participating Dentist Out-of-Network
*Class I: Preventive, Diagnostic and Adjunctive Services	100% of DPO Discounted Fee	100% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's MPA fee	100% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's full-billed charges.
*Class II: Basic Services	<u>70%</u> of DPO Discounted Fee	<u>70%</u> of DPO Discounted Fee. You pay difference between Delta's payment & dentist's MPA fee	<u>70%</u> of DPO Discounted Fee. You pay difference between Delta's payment & dentist's full-billed charges.
Class III: Major Services	50% of DPO Discounted Fee	50% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's MPA fee	50% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's full-billed charges.
Class IV: Orthodontic Services	Benefit not available	Benefit not available	Benefit not available

***Costs will vary depending upon which dental providers are utilized.**

MPA: Maximum Plan Allowance. The maximum allowable amount as determined by Delta Dental for a procedure. Benefits are calculated on the lesser of the submitted charge or the maximum plan allowance.